2001 DRAFTING REQUEST

Senate Amendment (SA-SSA1-SB55)

Receive	ceived: 06/15/2001				Received By: kenneda				
Wanted	: As time perm	its			Identical to LRB: By/Representing: Keckhaver				
For: Se	nate Democrat	ic Caucus							
This file may be shown to any legislator:			or: NO		Drafter: kenneda				
May Co	ontact:				Addl. Drafters:	kunkemd kahlepj			
Subject		Assistance - m tional Reg p			Extra Copies:	ISR, MJI			
Submit	via email: NO								
Reques	ter's email:								
Pre To	pie:			·	· · · · · · · · · · · · · · · · · · ·		· .		
SDC:	Keckhaver - C	N8004,							
Topic:									
Dental of	care access								
Instruc	ctions:								
See Atta	ached								
 Draftin	ng History:								
Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required		
/?	kenneda 06/18/2001	gilfokm 06/18/2001							
/1			pgreensl 06/18/200)1	lrb_docadmin 06/18/2001				

06/19/2001 12:22:21 PM Page 2

Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	<u>Submitted</u>	<u>Jacketed</u>	Required
/2	kahlepj 06/18/2001	gilfokm 06/18/2001	kfollet 06/19/200	1	lrb_docadmin 06/19/2001		
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<END>

2001 DRAFTING REQUEST

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May Cont	act:			•	Addl. Drafters:	kunkemd kahlepj		
Subject:		Assistance - mo tional Reg p			Extra Copies:	ISR, MJL		
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2001 DRAFTING REQUEST

Senate Amendment (SA-SSA1-SB55)

Received: (06/15/2001		Received By: ken	neda	
Wanted: As	Vanted: As time permits		Identical to LRB:		
For: Senate	e Democratic Caucus		By/Representing:	Keckhaver	
This file ma	ay be shown to any legislator: NO		Drafter: kenneda		
May Conta	ct:		Addl. Drafters:	kunkemd kahlepj	
Subject:	Public Assistance - med. assist. Occupational Reg prof lic		Extra Copies:	ISR, MJL	
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Topic:					
Dental care	access				
Instruction	ns:			·	
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06/15/2001 01:05 PM

Agency: Health and Family Services - Medical Assistance

61058

caucus number 8004

duplicate flag:

Other reference numbers:

LFB Sum #:

duplicate with:

FM 1509, FM 1560

bill number/amendment number:

SB 166, SB 167

LRB draft #

LRB P-draft:

other notes

Description2: Incorporate the provisions of SB 166 (as modified to reflect changes in appropriation to Marquette University School of Dentistry) and SB 167, relating to regional dental examinations. Specify that the provisions would take effect July 1, 2002.

drafting instructions:

more instructions:

Agency: Health and Family Services - Medical Assistance

Number of Amendments: 1

SB166=01-2780 SB167=01-2784

Health and Family Services - Medical Assistance

Budget Amendment SEN. MOEN

CNYDOH

Recommendations of the Special Committee on Dental Care Access – Fiscal Bureau Motion #1509 (with modifications)

Incorporate the provisions of Senate Bills 166 (as modified to reflect changes in appropriation to Marquette University School of Dentistry) and Senate Bill 167 into the budget bill. Specify that the provisions would take effect July 1, 2002. (Total cost: \$10,881,950 GPR \$13,171,600 FED)

Senate Bill 166:

- Eliminate the \$175,100 in 2001-2002 and \$350.100 in 2002-2003 that the Joint Committee on Finance provided to the Marquette Dental School to increase the maximum number of Wisconsin residents that qualify for tuition assistance. Instead, provide \$494,750 GPR in FY 2002-2003 to the Marquette University School of Dentistry to increase the maximum number of Wisconsin residents enrolled in the dental school who qualify for tuition assistance from 100 to 160 students over a four-year period; and 2) increase the amount of tuition assistance for Wisconsin residents enrolled in the dental school from the current level of \$11,670 to \$14,450. The proposal assumes that the dental school would enroll an additional 15 Wisconsin residents each year over a four year period. (Saves \$30,450 GPR)
- Increase maximum reimbursement rates to the 75th percentile of the American Dental Association's fee schedule for the east north central region of the country in 2002-2003. (-\$8,614,000 GPR and -\$12,268,500 FED)
- Provide coverage of topical fluoride varnish as part of the early and period screening, diagnosis and treatment (EPSDT) program in 2002-2003. (-\$162,900 GPR and -\$232,100 FED).
- Increase from one to two the number of dental cleanings an adult MA recipient could receive in one year, beginning July 1, 2002. (-\$378,500 GPR and -\$539,000 FED).
- Require MA to reimburse providers for dental services provide by a dental hygienist within the scope of practice of a dental hygienist. (No funding)
 - Beginning July 1, 2002, provide \$264,000 (-\$132,000 GPR and -\$132,000 FED) annually, and 5.0 GPR positions, to establish a licensed dental health professional in each of the five DHFS administrative regions of the state. These positions would perform dental health outreach services and would be funding as an MA administrative expense.
 - Provide \$25,000 GPR annually beginning July 1, 2002 for a community water fluoridation grant program. Under the program, DHFS must award grants each year to applying communities in Wisconsin to 1) purchase water fluoridation equipment, 2) construct additional building to house water fluoridation equipment, or 3) payment of salaries of employees who operate water fluoridation equipment. (-\$25,000 GPR)
 - Beginning July 1, 2002 provide \$1,600,000 GPR annually to provide or expand community dental services. Qualified applicants would include entities that provide, or seek to provide, dental care services to low-income individuals that are not federally qualified health care centers. DHFS would give preference in awarding rants to applicants in areas that are located in dental health professional shortage areas. (-\$1,600,000 GPR)

Senate Bill 167:

Regional Dental Examinations: Newly authorize the Dental Examining Board, attached to the
Department of Regulation and Licensing (DRL), to issue a dentist license to an applicant who has
passed an examination of either a dental testing service approved by the Board or a regional
dental testing service in the United States. Under current law, the Board is required to grant a
dentist license to a person who does all of the following: (1) submits an application for licensure;
 (2) pays the specified fee; (3) submits evidence of graduation from an accredited dental school;
 (4) submits evidence that he or she has passed the national dental examination and the

examination of a dental testing service approved by the board; (5) passes an examination administered by the board on the statutes and rules relating to dentistry; and (6) completes any other requirements established by the board by rule.

Licensure of Dentists from Other Jurisdictions: Require the Dentistry Examining Board to grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in Canada upon presentation of the license. payment of the required fee, and submission of evidence satisfactory to the Board that he or she has met all of the following conditions: (1) graduation from a school accredited by the American Dental Association's Commission on Dental Accreditation; (2) presentation of a certificate from each jurisdiction where the applicant has previously been licensed that no disciplinary action is pending and detailing any such action that has been imposed; (3) presentation of evidence that the applicant has been actively en a ed in the practice of dentistry in one or more other iurisdictions for at least 48 of the last 60 months; (4) presentation of evidence that the applicant has completed a jurisprudence examination on Wisconsin statutory and administrative code requirements relating to dental hygiene; (5) presentation of evidence that the applicant has a current certificate of proficiency for cardiopulmonary resuscitation; (6) presentation of evidence that the applicant has disclosed all discipline ever taken a against the individual shown in reports from the National Practitioner Data Bank and the American Association of Dental Examiners; and (7) the applicant has provided a satisfactory response during a personal interview with the Board that the Board may require to resolve any conflicts between the licensing standards and the applicant's application or to inquire into any discipline that was imposed against the applicant in any other jurisdiction. Specify that the Board would be permitted to refuse to rant a license to an applicant following an interview if the Board determines that discipline that was imposed a against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry. Current law specifies that the Board may grant a license to practice dentistry to a person who is licensed and in good standing in another state or U.S. territory or another country if the applicant meets the requirements for licensure established by the Board by rule and presents the license and pays the specified fee.

Dental Hygienist's Scope of Practice: Specify that a dental hygienist would be authorized to practice dental hygiene only if a dentist is present in the facility or pursuant to a dentist's oral or written prescription that meets the requirements set forth in current law, with two exceptions. The first exception would authorize a dental hygienist to practice at a school for the education of dental hyglenists without a dentist present in the facility and without a written or oral prescription. A dental hygienist may apply sealants on a patient at a school for the education of dental hygienists without a diagnosis or treatment plan by a dentist, if the dental hygienist has performed an oral risk assessment. The second exception would authorize a dental hygienist to practice in the facility without a dentist present and without an oral or written prescription if the dental hygienist meets specified education and experience requirements and practice specified procedures. The dental hygienist would be authorized to perform those practices only in the following settings or circumstances: (1) for a school board or a governing body of a private school; (2) for a facility or a hospital that provides care for terminally ill patients; (3) for a local health department; (4) for a charitable institution open to the general public or to members of a religious sect or order; (5) for a nonprofit home health care agency; and (6) for a nonprofit dental care program serving primarily indigent, economically disadvantaged, or migrant worker populations. Under this second exception, the dental hygienist would be permitted to practice as specified in the bill if he or she meets specified education and experience requirements and is certified by the Board in dental hygiene practice circumstances without a dentist present and without a prescription. Under the bill. an individual would be required to have two years experience as a dental hygienist and meet additional educational requirements in order to obtain the certificate. Under current law, a dental hygienist may practice dental hygiene or perform remediable procedures only as an employee or as an independent contractor and only in one of the following eight specified settings or circumstances: (1) in a dental office; (2) for a school board or a governing body of a private school; (3) for a school for the education of dentists or dental hygienists; (4) for a nursing home or community-based residential facility, a hospital, a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to

provide care for terminally ill patients; (5) for a local health department; (6) for a charitable institution open to the general public or to members of a religious sect or order; (7) for a nonprofit home health care agency; and (8) for a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations. Generally, a dentist must be present in the facility or the practice is being performed pursuant to a dentist's written or oral prescription. Delegation of Dentistry Practices: Authorize a dentist to delegate any dentistry practices not included in dental hygiene to a dental hygienist, except for those practices that are prohibited practices by a dental hygienist under current law. In order for the delegation to occur, the delegated acts must be ones that, in the opinion of the dentist and the dental hygienist, the dental hygienist is competent to perform based on his or her education, training, or experience. In addition, require the dental hygienist's performance of the practice to be inspected by a dentist. Authorize the delegation of remediable dental procedures to unlicensed persons if certain requirements are met. Specify that the practice must be one for which delegation is not prohibited [removal of supra- or sub-gingival calcareous deposits, deep scaling or root planning, conducting an oral screening without the written prescription of a dentist, participating in the development of a dental patient's dental hygiene treatment plan or any other practice specified by rule of the Board]. Additionally, require that the person must have graduated from an accredited dental assisting program or have worked at least 1,000 hours during the preceding 12 months in a clinical dentistry setting. Further, stipulate that the dentist making the delegation must document in his or her records that the person has been trained or educated to do the dental practice. Finally, specify that the delegated practices must be ones that, in the opinion of the dentist and the individual to whom the practices are delegated, the individual is competent to perform based on his or her education, training, or experience. Under current law, a dentist may delegate to an unlicensed person the performance of remediable procedures if certain conditions are met. In addition, a dentist may dele ate to a dental hygienist the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia, and sub-gingival sustained release chemotherapeutic agents, if certain requirements are met.

Educational Dentist's License: The bill would require the Board to grant a license to practice dentistry to an applicant who is a faculty member at a school of dentistry in Wisconsin if specified conditions are met. Marquette University School of Dentistry is the only school of dentistry in this state. The person must present his or her license to the board, pay the required fee and submit evidence satisfactory to the Board that he or she has met the seven conditions specified in the bill, one of which is that he or she is a faculty member at a school of dentistry in this state. The Board would be permitted to refuse to rant a license to an applicant following an interview if the Board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry. In addition, an educational dentist's license ranted under the bill would no longer be in effect if the licensee ceases to be a full-time faculty member at a school of dentistry in this state.

Dentist and Dental Hygiene Loan Reimbursement Programs. The bill would expand the physician loan assistance program (PLAP) to include dentists and the health care provider loan assistance program (HCPLAP) to include dental hygienists. The Rural Health Development Council would be expanded from 11 members to 13 members, including a dentist and dental hygienist. It should be noted, that in previous actions, the Committee has expanded the PLAP and HCPLAP to include dentists and dental hygienists, respectively. Additional funding of \$50,000 PR in 2001-02 and \$100.000 PR in 2002-03 in tribal gaming revenues was provided.

Reports: Requires the following reports and plans: (a) a report by the Technical College System Board on the feasibility and cost of increasing the number of sites in the system that offer community dental health education; (b) a periodic joint report by the DEB and DHFS on the ability of the dental work force to meet oral health care needs; (c) a plan by DHFS for a comprehensive oral health data collection system; (d) a report by DHFS relating to prior authorization for dental services under MA; and (e) joint reports by DHFS and the Department of Regulation and Licensing (DRL) on whether the provisions of the draft relating to dental hygienists' scope of practice and delegation of practices by dentists have improved access to dental services and dental hygiene services.

MARQUETTE DENTAL SCHOOL

Budget Summary							
	2000-01 Base	2001-03	2001-03	Gove		e Change to:	
Fund	Year Doubled	Governor	Jt. Finance	Amount	Percent	Amount	Percent
GPR	\$8,055,000	\$9,597,700	\$9,456,300	- \$141,400	- 1.5%	\$1,401,300	17.4%

FTE Position Summary

Due to the private status of the school, the state does not control positions or nonstate monies received by the Marquette Dental School.

Budget Change Item

1. STATE FUNDING

Governor: Base level funding amounts provided by the Governor are shown under Marquette Dental School for information purposes only. Marquette Dental School receives its state funding through an appropriation in the Department of Health and Family Services (DHFS) with base level of \$2,860,500 annually for this purpose and the Higher Educational Aids Board (HEAB) with base level of \$1,167,000 annually. Funding from DHFS is used to provide dental services to low-income individuals. The funding from HEAB provides annual capitation payments of \$11,670 to 100 Wisconsin residents enrolled as full-time students at Marquette Dental School. In addition, the bill includes \$442,600 in 2001-02 and \$1,100,200 in 2002-03 for debt service costs related to state bonding authorized in 1999 Act 9 for a dental clinic and educational facility. This funding is drawn from an appropriation under miscellaneous appropriations.

Joint Finance: Provide \$175,100 in 2001-02 and \$350,100 in 2002-03 under HEAB to increase the maximum number of Wisconsin residents that qualify for capitation payments at the Dental School from 100 to 160. The funding provided assumes an additional 15 Wisconsin residents would be enrolled each year for the next four years. An additional \$175,100 in 2003-04 and \$350,100 in 2004-05 compared to total funding in 2002-03 would be needed to fully fund the provision in the next biennium.

In addition, reduce funding for debt service by \$330,600 in 2001-02 and \$336,000 in 2002-03 to reflect a reestimate of those costs.

AMDT TO BUDGET SUB AMDT

LRB b (058 / 1

DAK, MDK, PJK

ZMJ

KMGY

ZWIJ

See form AMENDMENTS — COMPONENTS & ITEMS.

SENATE AMENDMENT TO SENATE AMENDMENT 1, TO 2001 SENATE BILL 55

At the locations indicated, amend the substitute amendment for as follows:

#.	Page line :
#.	Page, line:
#.	Page ; line :
#.	Page, line:
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April 30, 2001 – Introduced by Joint Legislative Council. Referred to Committee on Health, Utilities, Veterans and Military Affairs.

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AN ACT to renumber and amend 250.15 (1); to amend 20.235 (1) (d) and 20.435 (4) (b); and to create 20.435 (5) (h), 49.45 (2) (a) 25., 49.46 (2) (b) 1m., 250.13, 250.15 (1) (b) and 250.15 (2) (d) of the statutes; relating to: the state contract for dental education; authorizing licensed dental health professional positions in the department of health and family services; funding for dental services at community health centers; grants for community water fluoridation; increasing the medical assistance reimbursement rates for dental services; making topical fluoride varnish a covered service under the early and periodic screening, diagnosis, and treatment program; creating a fluoride varnish education program; reimbursement for dental hygienist services under medical assistance; medical assistance reimbursement for dental cleanings; requiring the exercise of rule—making authority; and making appropriations.

Analysis by the Legislative Reference Bureau

This bill is explained in the Notes provided by the joint legislative council in the bill.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

PREFATORY NOTE: This bill was prepared for the joint legislative council's special committee on dental care access. The bill contains the following provisions:

Tuition Assistance: Marquette University School of Dentistry

Under current law, \$1,167,000 is appropriated in each fiscal year to provide tuition assistance of \$11,670 per year for up to 100 Wisconsin residents attending Marquette University School of Dentistry.

The bill increases the per student tuition assistance to \$15,000 per year and increases the maximum number of Wisconsin residents who qualify to 160. The amount appropriated for this purpose is increased from the current \$1,167,000 to \$1,725,000 (115 x \$15,000) in fiscal year 2001-02 to reflect an additional 15 Wisconsin residents in the fall 2001 incoming class and to \$1,950,000 (130 x \$15,000) in fiscal year 2002-03 to reflect those 15 students and an additional 15 Wisconsin residents in the fall 2002 incoming class. When fully implemented in the fall of 2004, the amount of the appropriation would be \$2,400,000 (160 x \$15,000).

Licensed Dental Health Professionals in the Department of Health and Family Services (DHFS)

This bill increases the current appropriation for DHFS under s. 20.435 (4) (bm), stats., for medical assistance (MA) administration by \$132,000 in each year of the 2001–03 biennium to increase the authorized general purpose revenue (GPR) positions for DHFS by five CPR positions beginning on July 1, 2001. This funding would provide one licensed dental health professional in each of the five DHFS administrative regions for the division of public health, as prescribed by DHFS. These five licensed dental health professionals would be responsible for performing dental health outreach services and for providing dental care, primarily to persons eligible for MA.

Grants for Community Dental Services

The bill increases DHFS' current appropriation for community health services under s. 20.435 (5) (fp), stats., by \$1,600,000 in each year of the 2001–03 biennium. The department must distribute these funds to qualified applicants for the provision or expansion of dental care services. Under the bill, a "qualified applicant" is an entity that provides, or seeks to provide or expand, dental services to low–income individuals and that is not a federally qualified health center. A qualified applicant that receives a grant must ensure that the following criteria are met:

- 1. The applicant must make every attempt to collect appropriate reimbursement for its costs in providing dental services to persons who are entitled to BadgerCare, MA, or assistance for medical expenses under any other public assistance or private insurance program.
- 2. The applicant must prepare and utilize a fee schedule for its services consistent with locally prevailing charges for these services that is designed to cover its reasonable costs. The applicant must also have a sliding fee scale for its patients.
- 3. The applicant must establish a governing board which, except in the case of an applicant that is an Indian tribe or band, is composed of individuals who are

representative of persons served by the entity and a majority of whom are served by the entity. The bill sets forth the responsibilities of the governing board.

- 4. The applicant must use any funds provided under the grant program to supplement, and not supplant, other funds that are or may be available to the entity.
- 5. The applicant must implement a patient screening process to determine patient eligibility for MA, BadgerCare, and the sliding fee scale.
 - 6. The applicant must ensure that the following services are also provided:
 - a. Oral health education
- b. Dental screening, risk assessment, and preventive dental treatment to pregnant women, infants, preschoolers, persons with diabetes, heart disease, and lung disease, and persons using psychotropic medication.

Under this program, preference for funding is given to applicants that are located in a dental health professional shortage area.

Grants for Community Water Fluoridation

The bill provides \$25,000 GPR in each year of the 2001-03 biennium for a community water fluoridation grant program. Under the program, DHFS must award grants each year to applying communities in Wisconsin for any of the following purposes:

- 1. Purchase of water fluoridation equipment.
- 2. Construction of additional building space to house water fluoridation equipment.
 - 3. Payment of salaries of employees who operate water fluoridation equipment.

Coverage of Topical/Fluoride Varnish Under Early and Periodic Screening,

Diagnosis and Treatment (EPSDT) Program

This bill provides \$162,930 GPR in fiscal year 2001–02 and \$325,859 GPR in fiscal year 2002–03 to provide coverage under the MA program for topical fluoride varnish through the EPSDT program. The bill requires DHFS to promulgate rules regarding coverage of topical fluoride varnish, which specify the following:

- a. Coverage is provided through the EPSDT program for children ages 0 to 60 months of age.
- b. The fluoride varnish may be applied by any EPSDT health care provider acting within his or her scope of practice and licensure.
- c. Payment shall be made for up to three applications per child per year of fluoride varnish.
- d. Application of fluoride varnish may be, but is not required to be, provided in conjunction with an EPSDT examination which includes a limited oral screening.
- e. Health care professionals providing services under this program shall refer or facilitate referral of children receiving topical fluoride varnish applications to comprehensive dental care rendered by a dental professional.

The bill also requires DHFS to disseminate information to health care professionals providing services under the EPSDT program and to parents or guardians of children eligible for EPSDT services on the availability of, and coverage for, fluoride varnish under EPSDT and the efficacy of fluoride varnish treatments in preventing early childhood caries.

MA Reimbursement Rate Increase for Dental Services

This bill provides \$8,614,045 GPR for fiscal year 2001-02, and \$11,628,960 GPR for fiscal year 2002–03 to increase the MA reimbursement rates for dental services. Under the bill, the reimbursement rates are increased to the 75th percentile of the fees from the American Dental Association (ADA) fee survey for the past north central region, which includes Wisconsin. The bill specifies that for each fiscal year, reimbursement rates shall be established based on the most recently published ADA fee survey for that year.

MA Reimbursement for Dental Hygienist Services

Under current law, MA reimburses for dental services, limited to basic services within each of the following categories: diagnostic services, preventive services, restorative services, endodontic services, periodontic services, oral and maxillofacial surgery services, emergency treatment of dental pain removable prosthodontic services. and fixed prosthodontic services.

The bill provides that MA will reimburse for basic services within the above categories provided by dental hygienists for services that are within the scope of practice of a dental hygienist.

MA Reimbursement for Two Dental Cleanings Per Year for Adults

Under current administrative rules of DHFS, MA provides reimbursement for one dental cleaning per year for adults. The bill appropriates funds to pay for two such cleanings per year.

SECTION 1. 20.005 (3) (schedule) of the statutes at the appropriate place, insert

the following amounts for the purposes indicated:

2001-02

2002-03

20.435 Health and family services

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NSERT

UBLIC HEARTH-SERVICES PLANNING REGULATION

AND DELIVERY; AIDS AND LOCAL ASSISTANCE.

Page 211, line 21: after that line went:

Community water fluoridation GPR 253900

25,000 "

SECTION 2. 20.235(1)(d) of the statutes is amended to read:

20.235 (1) (d) Dental education contract. The amounts in the schedule for

support of those Wisconsin residents enrolled as full-time students in the pursuit of

a doctor of dental surgery (D.D.S.) degree. An amount of \$11,330 in the 1993–94 fiscal

year and \$11,670 in the 1994-95 \$15,000 in leach fiscal year and annually thereafter

shall be disbursed under s. 39.46 for each Wisconsin resident enrolled as a full-time

\$14,450

TEXT

SENATE BILL 166

NSEALT

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1 student. The maximum number of Wisconsin residents to be funded under this RESTORE 2 appropriation is 100 160 in the 1993-94 each fiscal year and thereafter TO PLAIN

> NOTE: Increases the per-student tuition assistance for Wisconsin residents attending the Marquette University School of Dentistry from \$11,670 per year to \$15,000 per year. Also increases the maximum number of Wisconsin residents who qualify for this assistance from 100 to 160.

((Section \clubsuit) 20.435 (4) (b) of the statutes is amended to read: 7059

20.435 (4) (b) Medical assistance program benefits. Biennially, the amounts in the schedule to provide the state share of medical assistance program benefits administered under s. 49.45, to provide medical assistance program benefits administered under s. 49.45 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide the facility payments under 1999 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers under s. 46.283 and for, to fund services under the family care benefit under s. 46.284 (5), and to provide coverage for topical fluoride varnish under 2001 Wisconsin Act (this act), section . Notwithstanding s. 20.002 (1), the department may transfer from this appropriation to the appropriation under sub. (7) (kb) funds in the amount of and for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the department may credit or deposit into this appropriation and may transfer between fiscal years funds that it transfers from the appropriation under sub. (7) (kb) for the purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002 (1), the department may transfer from this appropriation to the appropriation account under sub. (7) (bd) funds in the amount and for the purposes specified in s. 20: after that live visent:

(20) 49.45 (6v). (21)" Section \$\frac{1}{20.435}\$ (5) (2) of the statutes is created to read:

22)20.435 **(5)** (**5**) Community water fluoridation. The amounts in the schedule for 23 community water fluoridation grants under s. 250.13.

INSERT

#. Page 621, line 12: afterthat line west:

SECTION 49.45 (2) (a) 25. of the statutes is created to read:

49.45 (2) (a) 25. Disseminate to health care professionals providing services under the early and periodic screening, diagnosis and treatment program under 42 CFR 441, and to parents or guardians of children eligible for services under the program, information on the availability of, and coverage for, topical fluoride varnish under that program and on the efficacy of topical fluoride varnish treatments in preventing early childhood caries.

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Note: Requires DHES to disseminate information to health care professionals providing services under the EPSDT program regarding fluoride variash.

H. Page 634, Luie 15: after that line insert:

SECTION 49.46 (2) (b) 1m. of the statutes is created to read:

SECTION 4.145.40 (2) (b) 1m. of the statutes is created to read:

49.46 (2) (b) 1m. Dental hygienists' services, limited to services that are payable under subd. 1. and that are within the scope of practice of a dental hygienist.

NOTE: Provides for reimbursement under the MA program, of dental hygienists' services limited to those dental services currently payable under the MA program and that are within the scope of practice of adental hygienist.

Page 1031, Line 17: after that live used:

SECTION 4 250.13 of the statutes is created to read:

250.13 Community water fluoridation grants. From the appropriation under s. 20.435 (5) (6), the department shall award grants each year to applying communities for any of the following purposes:

- (1) Purchase of water fluoridation equipment.
- (2) Construction of additional building space to house water fluoridation equipment.
- 18 (3) Payment of salaries of employees who operate water fluoridation equipment.

Note/Sections 1, 4, and 7 of this bill provide \$25,000 GPR in each year of the 2001-03 biennium for a community water fluoridation/grant program. The grants may be used for: (a) purchase of water fluoridation equipment; (b) construction of additional building space to house water fluoridation equipment; and (c) payment of salaries of employees who operate water fluoridation equipment.

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Section 3.	250.15 (1) of the statutes is renumbered	250.15 (1) (intro.) and
amended to read:		

250.15 (1) DEFINITIONS. (intro.) In this section, "community: (a) "Community health center" means a health care entity that provides primary health care, health education, and social services to low-income individuals.

SECTION (250.15 (1) (b) of the statutes is created to read:

250.15 (1) (b) "Qualified applicant" means an entity that provides, or seeks to provide, dental care services to low–income individuals and that does not receive a federal grant under 42 USC 254b (c), (g), or (h).

SECTION 12 250.15 (2) (d) of the statutes is created to read:

250.15 (2) (d) From the appropriation under s. 20.435 (5) (fh), the department shall distribute to qualified applicants grants totaling \$1,600,000 in fiscal year 2001/202 and \$1,600,000 in fiscal year 2002-03 to enable the applicants to provide or expand provision of dental care services. The department shall give preference for grants to qualified applicants that are located in dental health professional shortage areas, as designated under 42 CFR part V, appendix B. Applicants who receive grants under this paragraph shall do all of the following:

- 1. Make every attempt to collect appropriate reimbursement for its costs in providing dental services to persons who are eligible for and receiving badger care health care, medical assistance, or assistance for medical expenses under any other public assistance program or have coverage under a private insurance program.
- 2. Prepare and utilize a fee schedule for the provision of its services consistent with locally prevailing charges that is designed to cover its reasonable costs of operation and prepare a corresponding schedule of discounts to be applied to the

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- payment of such fees. The discounts shall be adjusted on the basis of the patient's
 ability to pay.
 - 3. Establish a governing board that, except in the case of an applicant that is an Indian tribe or band, is composed of individuals who are representative of persons served by the applicant and a majority of whom are being served by the applicant. The board shall be responsible for the following:
 - a. Establishing policies surrounding the entity's program operations.
 - b. Holding regularly scheduled meetings and keeping minutes of the meetings.
 - c. Approving the selection or dismissal of an entity's director or chief executive officer.
 - d. Establishing personnel policies and procedures, including employee selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.
 - e. Adopting policies for financial management practices, including a system to ensure accountability for resources, approval of the annual budget, priorities, eligibility for services, including criteria for the fee schedule under subd. 2., and long-range financial planning.
 - f. Evaluating the entity's activities including service utilization patterns, productivity, patient satisfaction, achievement of objectives, and development of a process for hearing and resolving patient grievances.
 - g. Ensuring that the entity is operated in compliance with applicable federal, state, and local laws.
- h. Adopting health care policies including scope and availability of services, location, hours of services, and quality of care audit procedures.

4. Use any funds provided under this paragraph to supplement, and not supplant, other funds that are or may be available to the entity.

5. Implement a patient screening process to determine patient eligibility for medical assistance, badger care health care, and the payment schedule under subd.

2.

- 6. Provide oral health education in programs operated by and affiliated with the department, including the special supplemental food program for women, infants, and children and head start.
- 7. Provide dental screening, risk assessments, and preventive dental treatment to pregnant women; infants; preschoolers; persons with diabetes, heart

disease, or lung disease; and persons using psychotropic medication.

NOTE: SECTIONS 8, 9, and 10 provide \$1,600,000 GPR in each fiscal year of the 2001-03 biennium for grants for the provision of dental care services by entities to provide or expand dental services to low-income individuals. Among other requirements, the recipients of funds under this program must implement a sliding fee scale for their patients, and must also be governed by a board representative of persons served by the entity.

SECTION IL Nonstatutory provisions; health and family services, In

state fiscal year 2002-03, from the appropriation under section 20.435 (4) (b) of the statutes, as affected by this act, the department of health and family services shall provide medical assistance coverage under the early and periodic screening, diagnosis and treatment program under 42 CFR 441 for topical fluoride varnish, for the purpose of preventing early childhood caries in eligible children 0 to 60 months of age, when rendered by health care professionals providing services under the program and acting within their scope of practice and licensure. The department shall promulgate rules relating to coverage of fluoride varnish treatments under the early and periodic screening, diagnosis and treatment program that contain the following provisions:

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(1) The department shall provide payment for up to 3 applications per year of topical fluoride varnish per eligible child.

Application of topical fluoride varnish may be, but is not required to be, provided in conjunction with an early and periodic screening, diagnosis, and treatment examination that includes a limited oral screening.

Health care professionals providing services under this program shall refer or facilitate referral of children receiving applications of topical fluoride varnish for comprehensive dental care rendered by a dental professional.

SECTION 12. Appropriation changes; health and family services.

(1) In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health and family services under section 20.435 (4) (bm) of the statutes, as affected by the acts of 2001, the dollar amount is increased by \$132,000 for fiscal year 2001–02 and the dollar amount is increased by \$132,000 for fiscal year 2002–03 to increase the authorized FTE positions for the department by 5.0 GPR positions on July 1, 2001, for a licensed dental health professional in each of the 5 administrative regions of the state, as prescribed by the department.

Note: Provides funding for positions within DHFS for licensed dental health professionals in each of the five DHES administrative regions that would be funded through the MA program to perform dental health outreach services and to provide dental care primarily to persons eligible for MA.

(2) In the schedule under s. 20.005 (3) of the statutes for the appropriation to the department of health and family services under s. 20.435 (4) (b) of the statutes, as affected by the acts of 2001, the dollar amount is increased by \$8,614,045 for fiscal year 2001-02 and the dollar amount is increased by \$11,628,960 for fiscal year 2002-03 to increase the medical assistance reimbursement rates for dental services to equal the fee at which 75% of dentists in the east north central region charge equal or less amounts, as specified in the annual Survey of Dental Fees of the American

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Dental Association. For each fiscal year, reimbursement rates shall be set based on
the most recently published American Dental Association fee survey for that year.

NOTE: Increases the MA reimbursement rate for dental services to the 75th percentile of the fees from the most recently published ADA fee survey for the east north central region.

(3) In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health and family services under section 20.435 (4) (b) of the statutes, as affected by the acts of 2001, the dellar amount is increased by \$378,466 for fiscal year 2002–03 to provide medical assistance coverage for 2 dental cleanings per year for adults.

Note: Provides funds for two dental cleanings per year for adults under the MA

(4) In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health and family services under section 20.435 (4) (b) of the statutes, as affected by the acts of 2001, the dollar amount is increased by \$162,930 for fiscal year 2001-202 and the dollar amount is increased by \$225,859 for fiscal year 2002-03 to provide coverage of fluoride varnish treatments under Section 11 of this act.

Note: Provides funds for coverage of topical fluoride varnish through the EPSDT program under MA.

(5) In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health and family services under section 20.435 (5) (fh) of the statutes, as affected by the acts of 2001, the dollar amount is increased by \$1,600,000 for fiscal year 2001-02 and the dollar amount is increased by \$1,600,000 for fiscal year 2002-03 for the purposes of funding dental services as specified in section 250.15 (2) (d) of the statutes, as created by this act.

NOTE: Provides funds to entities that provide, or seek to provide, dental services to low-income individuals.

INSERT

1	SECTION 13. Appropriation changes; higher educational aids board.
2	(1) In the schedule under section 20.005-(3) of the statutes for the appropriation
3	to the higher education aids board under section 20.235 (1) (d) of the statutes, as
\bigcirc	affected by the acts of 2001, the dollar amount is increased by \$458,000 for fiscal year
(5)	2001-02 and the dollar amount is inordased by 18783,000 for fiscal year 2002-03 for
6	the purpose of increasing the amount of assistance for Wisconsin residents pursuing
7	a doctor of dental surgery degree and the maximum number of students who qualify
8	for this assistance.
	Note: Provides funds to increase the per-student tuition assistance for Wisconsin residents attending the Marquette University School of Dentistry from \$11,670 per year to \$15,000. Also provides funds to increase the total number of Wisconsin resident students eligible for this assistance from 100 to a total of 160.
9	SECTION 14. Effective date.
10	(1) This act takes effect on the 2nd day after publication of the 2001–03 biennial
11	budget act. July 1, 200 2
12	(END)
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P.15, 34

AMENDMENTS

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#. Page 208, line. (a.: indeference the dollar amount for hiscal year) 2001-02
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* Use the 2nd alternative if the purpose of the increase or decrease is more lim-
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* Use the 2nd alternative if the purpose of the increase or decrease is more limited than the purpose or purposes of the appropriation as currently shown in the text of ch. 20, stats.

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* Use the 2nd alternative if the purpose of the increase or decrease is more lim-	•

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* Use the 2nd alternative if the purpose of the increase or decrease is more limited than the purpose or purposes of the appropriation as currently shown in the text of ch. 20, stats.
[rev: 8/28/99 2001amdt/inc/dec(fm)]

STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU - LEGAL SECTION (608-266-3561)

#. Page 309, line 16: delete lines 16 and 17 and
#. Page 309, line 16: delete lines 16 and 17 and
and the first of the control of the
Substitute & " a doctor of dental surgery (D.D.S.)
degree. An amount of \$ 11,330 in the 1993-94 fixal
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year and \$11,670 in the 1994-95 \$14,450 in each
fiscal year and annually thereafter (". Shall be
#. Page 309, line 20: delete "2001-02" and
substitute "2002-03".
V #. Page 357, luie 12; after that line moent:
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April 30, 2001 – Introduced by Joint Legislative Council. Referred to Committee on Health, Utilities, Veterans, and Military Affairs.

AN ACT to renumber 447.03 (2) (intro.), (a) and (b), 447.06 (2) (d) and 447.06 (2) (e); to renumber and amend 447.06 (1), 447.06 (2) (a), 447.06 (2) (b) and 447.06 (2) (c); to amend 15.157 (8) (intro.) and (g), 20.143 (1) (jc) (title), (jm) (title), and (km) (title), 447.01 (12), 447.02 (1) (c), 447.02 (2) (d), 447.02 (2) (e), 447.03 (3) (g), 447.04 (1) (a) 4., 447.04 (1) (b), 447.06 (title), 447.065 (title), 447.065 (3), 560.183 (title), 560.183 (2) (a) and (b), 560.183 (3) (a), 560.183 (5) (b) 1., 2., 3., 4. and 5. and (d), 560.183 (6m) (a) (intro.), 560.183 (8) (b), (d), (e) and (f), 560.183 (9), 560.184 (1) (am) and (b), 560.184 (3) (a), 560.184 (5) (b) 1., 560.184 (7) (a), 560.184 (8) (c) 1., 2. and 3. and 560.185 (1); to repeal and recreate 447.065 (2); and to create 46.03 (44), 447.01 (10), 447.02 (3), 447.03 (2) (b), 447.04 (1) (c), 447.04 (1) (d), 447.06 (2m) (title), 447.06 (3), 447.06 (4), 447.06 (5) (title), 447.06 (6) (title), (d) and (e), 447.06 (7), 560.183 (1) (ad), 560.183 (1) (ae), 560.183 (3) (am), 560.184 (1) (ag) and 560.184 (1) (aj) of the statutes; relating to: regional dental testing service examinations; dentist

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licenses for individuals licensed in another jurisdiction; the scope of practice of dental hygienists; delegation of dentistry practices to dental hygienists and unlicensed individuals; providing loan assistance to dentists and dental hygienists who practice in underserved areas; requiring the technical college system board to report on community dental health education; requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs; requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system; requiring the department of health and family services to report on prior authorization for dental services under medical assistance; and requiring the department of health and family services and the department of regulation and licensing to prepare joint reports on improved access to dental services and dental hygiene services.

Analysis by the Legislative Reference Bureau

This bill is explained in the Notes provided by the joint legislative council in the bill.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

PREFATORY NOTE: This bill was prepared for the joint legislative council's special committee on dental care access. The bill contains the following provisions:

Regional Dental Examinations

Under current law, the dentistry examining board is required to grant a dentist license to a person who does all of the following: (1) submits an application for licensure; (2) pays the specified fee; (3) submits evidence of graduation from an accredited dental school; (4) submits evidence that he or she has passed the national dental examination and the examination of a dental testing service approved by the board; (5) passes an

examination administered by the board on the statutes and rules relating to dentistry; and (6) completes any other requirements established by the board by rule.

The bill modifies the fourth requirement above. Under the bill, the applicant will have to submit evidence that he or she has passed the national dental examination, as required under current law. However, the bill provides that the applicant may pass an examination of either a dental testing service approved by the board or a regional dental testing service in the United States.

Licensure of Dentists from Other Jurisdictions

Current law specifies that the board may grant a license to practice dentistry to a person who is licensed in good standing in another state or U.S. territory or another country if the applicant meets the requirements for licensure established by the board by rule and presents the license and pays the specified fee.

The bill requires the board to grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in Canada upon presentation of the license, payment of the required fee, and submission of evidence satisfactory to the board that he or she has met the seven conditions specified in the bill. The board would be permitted to refuse to grant a license to an applicant following an interview if the board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry.

Educational Dentist's License

The bill requires the board to grant a license to practice dentistry to an applicant who is a faculty member at a school of dentistry in Wisconsin if specified conditions are met. Marquette University School of Dentistry is the only school of dentistry in this state. The person must present his or her license to the board, pay the required fee and submit evidence satisfactory to the board that he or she has met the seven conditions specified in the bill, one of which is that he or she is a faculty member at a school of dentistry in this state. The board would be permitted to refuse to grant a license to an applicant following an interview if the board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry. In addition, an educational dentist's license granted under the bill is no longer in effect if the licensee ceases to be a full—time faculty member at a school of dentistry in this state.

Dental Hygienist's Scope of Practice

Current law allows a dental hygienist to practice dental hygiene or perform remediable procedures only as an employee or as an independent contractor and only in one of eight specified settings or circumstances. In five of those settings or circumstances, the dental hygienist may practice only if there is a dentist present in the facility or if the practice is being performed pursuant to a dentist's written or oral prescription that meets specified requirements.

The bill retains the eight settings and circumstances in which a dental hygienist may practice. The bill specifies that a dental hygienist may practice dental hygiene only if a dentist is present in the facility or pursuant to a dentist's oral or written prescription that meets the requirements set forth in current law, with two exceptions.

The first exception is that a dental hygienist may practice at a school for the education of dental hygienists without a dentist present in the facility and without a written or oral prescription. A dental hygienist may apply sealants on a patient at a school for the education of dental hygienists without a diagnosis or treatment plan by a dentist if the dental hygienist has performed an oral risk assessment, as defined by the bill.

The second exception to the requirement that a dentist be present in the facility or an oral or written prescription be used is set forth in the bill for dental hygienists who meet specified education and experience requirements and practice specified procedures. The dental hygienist will be allowed to perform those practices only in the following settings or circumstances: (1) for a school board or a governing body of a private school; (2) for a facility, as defined in current law, a hospital, or a facility established to provide care for terminally ill patients; (3) for a local health department; (4) for a charitable institution open to the general public or to members of a religious sect or order; (5) for a nonprofit home health care agency; and (6) for a nonprofit dental care program serving primarily indigent, economically disadvantaged, or migrant worker populations.

Under this second exception, the dental hygienist would be permitted to practice as specified in the bill if he or she meets the education and experience requirements under the bill to obtain a separate certificate. To obtain such a certificate, the person must have two years experience as a dental hygienist and meet one of four educational requirements.

Delegation of Dentistry Practices

Current law allows a dentist to delegate to an unlicensed person the performance of remediable procedures if certain conditions are met. In addition, a dentist may delegate to a dental hygienist the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia, and subgingival sustained release chemotherapeutic agents if certain requirements are met.

The bill modifies the statute on delegation of practices by a dentist to a dental hygienist. The bill allows any dentistry practice not included in dental hygiene to be delegated to a dental hygienist, except for those practices that are prohibited practices by a dental hygienist under current law. In order for the delegation to occur, the delegated acts must be ones that, in the opinion of the dentist and the dental hygienist, the dental hygienist is competent to perform based on his or her education, training, or experience. In addition, the dental hygienist's performance of the practice must be inspected by a dentist.

The bill also modifies the statute dealing with delegation of remediable procedures to unlicensed persons. In addition to delegation of remediable procedures, the bill permits a dentist to delegate dentistry practices if certain requirements are met. First, the practice must be one that is not one of several prohibitions on delegation enumerated in the bill. Second, the person must have graduated from an accredited dental assisting program or have worked at least 1,000 hours during the preceding 12 months in a clinical dentistry setting. Third, the dentist making the delegation must document in his or her records that the person has been trained or educated to do the dental practice by one of several specified entities. Fourth, the delegated practices must be ones that, in the opinion of the dentist and the individual to whom the practices are delegated, the individual is competent to perform based on his or her education, training, or experience.

Loan Assistance Programs

Under current law, the department of commerce administers a physician loan assistance program and a health care provider loan assistance program. Current law also has established a rural health development council, which advises the department on operation of the two programs. The physician loan assistance program provides loan assistance to physicians who practice in specified eligible practice areas, and the health care provider loan assistance program provides such assistance to physician assistants, nurse—midwives, and nurse practitioners who practice in specified eligible practice areas. The amount of the assistance is \$50,000 under the physician loan assistance program and \$25,000 under the health care provider loan assistance program, both repaid by the department over a three—year period.

The bill expands the physician loan assistance program to include dentists and renames it the physician and dentist loan assistance program. In addition, the bill expands the health care provider loan assistance program to include dental hygienists. Finally, the bill adds a dentist and a dental hygienist to the rural health development council.

Community Dental Health Education Report

The bill requires the Wisconsin technical college system board to report on the feasibility and cost of increasing the number of sites in the system that offer community dental health education for dentists and dental hygienists. The report must be submitted to the governor and the legislature by the first day of the sixth month after publication of the act.

Dental Work Force Report

The bill requires the dentistry examining board and the department of health and family services to prepare a joint report every five years on the ability of the dental work force to meet the oral health care needs of individuals in Wisconsin. The report must be submitted to the governor and the legislature. The first report is due January 1, 2003.

Oral Health Data Collection Plan

The bill requires the department of health and family services to prepare a plan for development of a comprehensive oral health data collection system. The plan must be submitted to the governor and the legislature by September 1,2002.

Prior Authorization Report

The bill requires the department of health and family services to prepare a report on its efforts to reduce the requirement for prior authorization for dental services under medical assistance and to simplify the prior authorization process for those services. The report must be submitted to the governor and the legislature by the first day of the sixth month beginning after publication of the act.

Access to Services Report

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following:

The bill requires the department of health and family services and the department of regulation and licensing jointly to prepare reports on whether the provisions of the bill relating to a dental hygienist's scope of practice and delegation of dentistry practices have improved access to dental services and dental hygiene services. The reports, which would be submitted to the governor and the legislature, would be done two years and four years after enactment of the bill.

SECTION 1. 15.157 (8) (intro.) and (g) of the statutes are amended to read:

15.157 (8) RURAL-HEALTH DEVELOPMENT COUNCIL. (intro.) There is created in the department of commerce a rural health development council consisting of 11 13 members nominated by the governor, and with the advice and consent of the senate appointed, for 5-year terms, and the secretaries of commerce and health and family services, or their designees. The appointed members shall include all of the

1	(g) A physician licensed under ch. 448 and, a nurse-licensed under ch. 441, both
2	a dentist licensed under ch. 447, and a dental hygienist licensed under ch. 447, all
3	of whom practice in a rural area, and a representative of public health services.
	Note: This Section adds a dentist and a dental hygienist to the rural health development council. The council is advisory to the department of commerce, which administers the current physician loan assistance program and the health care provider loan assistance program. The first program is being expanded to include dentists and the second program is being expanded to include dental hygienists.
4	SECTION 2. 20:143 (1) (jc) (title), (jm) (title), and (kr) (title) of the statutes are
5	amended to read:
6	20.143 (1) (jc) (title) Physician and dentist and health care provider loan
7	assistance programs repayments ; penalties.
8	(jm) (title) Physician and dentist loan assistance program; local contributions.
9	(kr) (title) Physician and dentist and health care provider loan assistance
10	programs, repayments and contract.
	Note: This Section modifies the name of the physician loan assistance program to be the physician and dentist loan assistance program.
11)	"SECTION \$1. 46.03 (44) of the statutes is created to read:
12	46.03 (44) DENTAL WORK FORCE REPORT. By January 1, 2003, and every 5 years

46.03 (44) Dental work force report. By January 1, 2003, and every 5 years thereafter, submit jointly with the dentistry examining board a report to the legislature in the manner provided under s. 13.172 (2) and to the governor on the ability of the dental work force to meet the oral health care needs of individuals in this state. The report shall include findings and any recommendations of the department and the examining board.

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Note: Sections 3 and 9 require the department of health and family services and the dentistry examining board to submit a periodic report on the ability of the dental work force to meet the oral health care needs of individuals in Wisconsin. The first report is due January 1, 2003, and subsequent reports would be due every five years thereafter.

V# Page 1156, line 6: after that line usert:
"SECTION 41 447.01 (10) of the statutes is created to read:

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1	447.01 (10) "Oral risk assessment" means a review of the patient's caries
2	experience, dental care utilization, use of preventive services, and medical history.
3	"Oral risk assessment" does not include a dental diagnosis.
	NOTE: This SECTION creates a definition of "oral risk-assessment." The term is used in provisions of the bill dealing with the scope of practice of dental hygienists.
4	SECTION 5. 447.01 (12) of the statutes is amended to read:
5	447.01 (12) "Remediable procedures" means patient procedures that create
6	changes within the oral cavity or surrounding structures that are reversible without
7	professional intervention and do not involve any increased health risks to the
8	patient.
	Note: This Section modifies the current definition of remediable procedures." The bill specifies that the procedures must be reversible without professional intervention.
9	SECTION 6. 447.02 (1) (c) of the statutes is amended to read:
10	447.02 (1) (c) Subject to ch. 553 and s. 447.06 (1) 447.055, governing dental
11	franchising. (3592ne)
i 2	SECTION 7. 447.02 (2) (d) of the statutes is amended to read:
13	447.02 (2) (d) The oral systemic premedications and subgingival sustained
14	release chemotherapeutic agents that may be administered by a dental hygienist
15	licensed under this chapter under s. 447.06 (2) (e) 1. and 3 (6) (a) and (c).
16	SECTION \$. 447.02 (2) (e) of the statutes is amended to read:
17	447.02 (2) (e) The educational requirements for administration of local
18	anesthesia by a dental hygienist licensed under this chapter under s. 447.06 (2) (e)
19	2 (6) (b).
	Norm: Sections 6 to 8 modify current cross-references to reflect changes-made by the bill.
$\widehat{20}$	SECTION 9. 447.02 (3) of the statutes is created to read:

INSERT 9-11 AM (cont.)

SECTION 9

1 447.02 (3) By January 1, 2003, and every 5 years thereafter, the examining board shall submit jointly with the department of health and family services a report 2 to the legislature under s. 13.172 (2) and to the governor on the ability of the dental 3 work force to meet the oral health care needs of individuals in this state. The report 4 5 shall include findings and any recommendations of the examining board and the 6 3592 nh department. SECTION 19. 447.03 (2) (intro.), (a) and (b) of the statutes are renumbered 7 8 447.03 (2) (a) (intro.), 1. and 2. , 3592ni **9 SECTION 14.** 447.03 (2) (b) of the statutes is created to read: 10 447.03 (2) (b) Any individual who is licensed as a dental hygienist under this 11 chapter is not required to be licensed as a dentist to perform acts delegated by a 12 dentist under s. 447.06. SECTION 12. 447.03 (3) (g) of the statutes is amended to read: /13 14 447.03 (3) (g) Any individual who provides remediable procedures or other 15 dentistry practices that are delegated under s. 447.065 (1) or (2). Note Sections 10 to 12 modify current statutes dealing with unauthorized practice of dentistry to allow individuals who are delegated dentistry practices by a dentist under the bill to do so without having to be licensed as a dentist 3592NK 16 SECTION 13. 447.04 (1) (a) 4. of the statutes is amended to read: 17 447.04 (1) (a) 4. Submits evidence satisfactory to the examining board that he 18 or she has passed the national dental examination and either the examination of a dental testing service approved by the examining board or an examination of a 19 20 regional dental testing service in the United States.

Note: This Section modifies one of the requirements for licensure as a dentist. Under the current requirement, the applicant must submit evidence satisfactory to the dentistry examining board that he or she has passed the national dental examination and the examination of a dental testing service approved by the examining board. This Section modifies the latter requirement so that the individual would have to pass either the examination of a dental testing service approved by the examining board or an

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examination of a regional dental testing service in the United States. There are four such regional dental testing services in the United States, two of which are currently recognized by the examining board.

SECTION 12. 447.04 (1) (b) of the statutes is amended to read:

447.04 (1) (b) The Except as provided in pars. (c) and (d), the examining board may grant a license to practice dentistry to an individual who is licensed in good standing to practice dentistry in another state or territory of the United States or in another country if the applicant meets the requirements for licensure established by the examining board by rule and upon presentation of the license and payment of the fee specified under s. 440.05 (2).

NOTE: This SECTION amends the current statute allowing the dentistry examining board to grant a license to practice dentistry to an individual who is licensed in another state, tentury, or country. The statute is amended to reference the two provisions in the bill under which the examining board would be required to grant a license to practice dentistry, as specified in Sections 15 and 16.

SECTION 15. 447.04 (1) (c) of the statutes is created to read:

447.04 (1) (c) 1. The examining board shall grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in Canada upon presentation of the license, payment of the fee specified under s. 440.05 (2), and submission of evidence satisfactory to the examining board that all of the following conditions are met:

- a. The applicant has graduated from a school of dentistry accredited by the American Dental Association's commission on dental accreditation.
- b. The applicant submits a certificate from each jurisdiction in which the applicant is or has ever been licensed stating that no disciplinary action is pending against the applicant or the license, and detailing all discipline, if any, that has ever been imposed against the applicant or the license.

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- c. The applicant has been engaged in the active practice of dentistry, as defined in s. DE 1.02 (2), Wis. Adm. Code, in one or more jurisdictions in which the applicant has a current license in good standing, for at least 48 of the 60 months preceding the application for licensure in this state.
- d. The applicant has successfully completed a jurisprudence examination on the provisions of Wisconsin statutes and administrative rules relating to dentistry and dental hygiene.
- The applicant possesses a current certificate of proficiency in cardiopulmonary resuscitation.
- f. The applicant has disclosed all discipline that has ever been taken against the applicant in any jurisdiction shown in reports from the national practitioner data bank and the American association of dental examiners.
- g. The applicant has presented satisfactory responses during any personal interview with the board that the board may require to resolve conflicts between the licensing standards and the applicant's application or to inquire into any discipline that was imposed against the applicant or the license in another jurisdiction.
- 2. Notwithstanding subd. 1., the examining board may refuse to grant a license to an applicant following an interview under subd. 1. g. if the examining board determines that discipline that was imposed against the applicant or the license in another jurisdiction demonstrates that the applicant is unfit to practice dentistry.

NOTE: This SECTION requires the dentistry examining board to grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in Canada upon/satisfying conditions specified in the bill/Licensure of persons who have practiced in another jurisdiction is commonly referred to as "licensure by endorsement."

SECTION 18/447.04 (1) (d) of the statutes is created to read:



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SENATE BILL 167 INSERT 9-11 AM (cont.)

- 447.04 (1) (d) 1. The examining board shall grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in another country upon presentation of the license, payment of the fee specified under s. 440.05 (2), and submission of evidence satisfactory to the examining board that all of the following conditions are met:
 - a. The applicant is a faculty member at a school of dentistry in this state.
- b. The applicant submits a certificate from each jurisdiction in which the applicant is or has ever been licensed stating that no disciplinary action is pending against the applicant or the license, and detailing all discipline, if any, that has ever been imposed against the applicant or the license.
- c. The applicant has successfully completed a jurisprudence examination on the provisions of Wisconsin statutes and administrative rules relating to dentistry and dental hygiene.
- d. The applicant possesses a current certificate of proficiency in cardiopulmonary resuscitation.
- e. The applicant has disclosed all discipline that has ever been taken against the applicant in any jurisdiction shown in reports from the national practitioner data bank and the American association of dental examiners.
- f. The applicant has presented satisfactory responses during any personal interview with the board that the board may require to resolve conflicts between the licensing standards and the applicant's application or to inquire into any discipline that was imposed against the applicant or the license in another jurisdiction.
- 2. Notwithstanding subd. 1., the examining board may refuse to grant a license to an applicant following an interview under subd. 1. f. if the examining board

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SECTION 16

- determines that discipline that was imposed against the applicant or the license in another jurisdiction demonstrates that the applicant is unfit to practice dentistry.
 - 3. A license under this paragraph is no longer in effect if the licensee ceases to be a faculty member at a school of dentistry in this state.

NOTE: This SECTION requires the dentistry examining board to grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory in the United States or in another country if the applicant is a faculty member at a school of dentistry in this state and satisfies other conditions specified in this Section. A license granted under this provision is not longer in effect if the licensee ceases to be a faculty member at a school of dentistry in this state.

SECTION 15. 447.06 (title) of the statutes is amended to read:

447.06 (title) Practice Dental hygienist practice limitations.

SECTION 1447.06 (1) of the statutes is renumbered 447.055 and amended to read:

447.055 <u>Contract provisions.</u> No contract of employment entered into between a dentist and any other party under which the dentist renders dental services may require the dentist to act in a manner which violates the professional standards for dentistry set forth in this chapter. Nothing in this <u>subsection section</u> limits the ability of the other party to control the operation of the dental practice in a manner in accordance with the professional standards for dentistry set forth in this chapter.

NOTE: SECTIONS 17 and 18 remove from a statutory section dealing primarily with dental hygienists a provision that relates to dentists. Titles are modified to accommodate this change.

SECTION 19. 447.06 (2) (a) of the statutes is renumbered 447.06 (1m) and 447.06

(1m) (intro.), as renumbered, is amended to read:

447.06 (1m)/PRACTICE CIRCUMSTANCES. A dental hygienist may practice dental hygiene or perform remediable procedures or other delegated procedures only as an employee or as an independent contractor and only as follows:

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SECTION 20. 447.06 (2) (b) of the statutes is renumbered 447.06 (2m) (a) and amended to read:

447.06 (2m) (a) A Except as provided in subs. (3) and (4), a dental hygienist may practice dental hygiene or perform remediable procedures under par. (a) 1., 4., 6., 7. or 8. only as only if either authorized by a dentist who is licensed to practice dentistry under this chapter and who is present in the facility in which those practices or procedures are performed, except as provided in par. (e) or if the practices or procedures are performed pursuant to a prescription that meets the requirements of par. (b).

SECTION 21. 447.06 (2) (c) of the statutes is renumbered 447.06 (2m) (b) and 447.06 (2m) (b) (intro.), as renumbered, is amended to read:

447.06 (2m) (b) (intro.) A dental hygienist may practice dental hygiene or perform remediable procedures under par. (a) 1., 4., 6., 7. or 8. if a dentist who is licensed to practice dentistry under this chapter is not present in the facility in which those The practices or procedures are under par. (a) may be performed pursuant to a prescription only if all of the following conditions are met:

SECTION 22. 447.06 (2) (d) of the statutes is renumbered 447.06 (5).

SECTION 23. 447.06 (2) (e) of the statutes is renumbered 447.06 (6).

SECTION 24. 447.06 (2m) (title) of the statutes is created to read:

447.06 (2m) (title) REQUIREMENT FOR A DENTIST PRESENT OR A PRESCRIPTION IF A

DENTIST IS NOT PRESENT.

Note: Sections 19 to 24 restructure s. 447.06, state. This bill restotes from current law the general requirement that a dental bygienist may practice only if a dentist is present in the facility or a dentist has issued an oral or written prescription. Exceptions to this general requirement are set forth in Sections 25 and 26 and are different than the exceptions in current law.

SECTION 25. 447.06 (3) of the statutes is created to read:

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447.06 (3) PRACTICE CIRCUMSTANCES WITHOUT A DENTIST PRESENT AND WITHOUT A PRESCRIPTION; DENTAL HYGIENIST SCHOOL. A dental hygienist may practice dental hygiene or perform remediable procedures at a school for the education of dental hygienists without a dentist present in the facility in which the practices or procedures are performed and without a written or oral prescription. A dental hygienist may apply sealants on a patient at a school for the education of dental hygienists without a diagnosis or treatment plan by a dentist if a dental hygienist has performed an oral risk assessment of the patient. A dental hygienist shall maintain a written record of the assessment and make appropriate referrals based on the assessment.

Note: This Section permits a dental hygienist to practice at a school for the education of dental/hygienists without a dentist present in the facility and without a written or oral prescription. In addition, a dental hygienist may apply scalants on a patient in this setting without a diagnosis or treatment plan by a dentist if a dental hygienist has performed an oral risk assessment of the patient.

SECTION 26. 447.06 (4) of the statutes is created to read:

447.06 (4) PRACTICE CIRCUMSTANCES WITHOUT A DENTIST PRESENT AND WITHOUT A PRESCRIPTION; ADDITIONAL EDUCATION AND EXPERIENCE. (a) A dental hygienist may perform any of the following practices without a dentist present in the facility in which the practices are performed and without a written or oral prescription if the requirements of pars. (am), (b), and (c) are met and if the dental hygienist first reviews the patient's medical history and performs an oral risk assessment:

1. Conduct an oral screening and have a plan of what dental hygiene procedures will be performed on the patient. Oral screening that is performed solely for the purpose of data collection does not require an oral risk assessment and does not require certification under par. (c).

- 2. Apply dental sealants. Sealants may be applied under this subdivision without a diagnosis or treatment plan by a dentist.
 - 3. Provide fluoride therapies.
 - 4. Provide patient education services.
 - 5. Expose radiographs if a dentist will be available to read and diagnose the radiographs.
 - 6. Perform oral prophylaxis, if a dentist, nurse practitioner, physician or physician assistant has reviewed a current medical history for the patient and has indicated in writing that the patient may receive the service. The dental hygienist may use topical anesthesia under this subdivision only if the anesthesia has been prescribed by a dentist, nurse practitioner, physician, or physician assistant. Local anesthesia may not be administered by a dental hygienist under this subdivision.
 - 7. Remove supragingival or subgingival calcareous deposits, subgingival cement, or extrinsic stains from a natural or restored surface of a human tooth or a fixed replacement for a human tooth, perform debridement or deep scaling or root planing of teeth, if a dentist, nurse practitioner, physician, or physician assistant has reviewed a current medical history of the patient and has indicated in writing that the patient may receive the service for the patient. The dental hygienist may use topical anesthesia under this subdivision only if prescribed by a dentist, nurse practitioner, physician, or physician assistant. Local anesthesia may not be administered by a dental hygienist under this subdivision.
 - (am) A dental hygienist shall maintain a written record of and oral risk assessment performed under par. (a) and make appropriate referrals based on the assessment.
 - (b) The practices under par. (a) may be performed only as follows:

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- 1. For a school board or a governing body of a private school.
- 2. For a facility, as defined in s. 50.01 (1m), a hospital, as defined in s. 50.33 (2), 2 3 or a facility established to provide care for terminally ill patients.
 - 3. For a local health department, as defined in s. 250.01 (4).
 - 4. For a charitable institution open to the general public or to members of a religious sect or order.
 - 5. For a nonprofit home health care agency.
 - For a nonprofit dental care program serving primarily indigent, economically disadvantaged, or migrant worker populations.
 - (c) A dental hygienist may perform the practices under par. (a) only if certified by the examining board in dental hygiene practice circumstances without a dentist present and without a prescription. The examining board shall issue a certificate in dental hygiene practice circumstances without a dentist present and without a presciption to an individual who documents to the board that he or she has 2 years of experience as a dental hygienist and meets any of the following:
 - 1. Has submitted to the examining board proof of course completion issued by an accredited dental school or an accredited dental hygiene school in dental hygiene circumstances without a dentist present and without a prescription. This course may be offered in conjunction with a national or state dental or dental hygiene association.
 - 2. Has been certified in community dental health, public health, or public health education from an accredited dental school or an accredited dental hygiene program.
- 24 3. Has worked for at least 1,000 hours in a public health or community health 25 setting.

1 4. Has received a bachelor's degree from an accredited college or university.

> NOTE: This Section creates an exception to the general rule that in order for a dental hygienist to practice, there must be a dentist in the facility or the practice must be pursuant to a written or oral prescription by a dentist. A deptal hygienist who meets specified education and experience requirements would be allowed to perform specified procedures in the six practice settings or circumstances specified in this Section.

447.06 (5) (title) of the statutes is created to read:

447.06 (5) (title) Prohibited practices.

NOTE: This Section creates a new subsection title to reflect a restructuring of section title to reflect a res 447.06 stats. 3592pc

SECTION 28/447.06 (6) (title), (d) and (e) of the statutes are created to read:

447.06 (6) (title) DELEGATION BY A DENTIST TO A DENTAL HYGIENIST.

- (d) Any dentistry practice not included in dental hygiene, except as provided in sub. (5), if all of the following conditions are met:
- 1. The delegated practices are ones that, in the opinion of the dentist and the dental hygienist, the dental hygienist is competent to perform based on his or her education, training, or experience.
 - 2. The dental hygienist's performance of the practice is inspected by a dentist.
- (e) A remediable procedure, except that a dentist need not be present on the premises in which the procedure is performed if it is performed pursuant to a prescription that meets the requirements of sub. (2m) (b).

NOTE: This SECTION allows a dentist to delegate to a dental hygienist any dentistry practice not included in deptal hygiene, with certain exceptions specified in current/law, if two conditions are met. First, the delegated practices must be ones that, in the opinion of the dentist and the dental hygienist, the dental hygienist is competent to perform based on his or her education, training, or experience. Second, the dental hygienist's performance of the practice must be inspected by a dentist.

447.06 (7) of the statutes is created to read:

447.06 (7) DENTIST RESPONSIBLE FOR DELEGATION. A dentist who delegates to a dental hygienist the performance of any practice or remediable procedure under sub.

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1	(6) is responsible for that dental hygienist's performance of that delegated practice
2	or procedure. 3592 pe
3	SECTION 447.065 (title) of the statutes is amended to read:
4	447.065 (title) Delegation of remediable procedures and dental
5	dentistry practices to unlicensed individuals.
6	Note: Since all provisions dealing with delegation by a dentist to a dental hygienist will be in s. 447.06 stats., Section 29 replicates a current law dealing with dental responsibility for delegation and Section 80 modifies the title of s. 447.065, stats., to reflect that that section applies only to delegation to unlicensed individuals. SECTION 81. 447.065 (1) of the statutes is amended to read:
7	447.065 (1) A dentist who is licensed to practice dentistry under this chapter
8	may delegate to an individual who is not licensed under this chapter only the
9	performance of remediable procedures, and only or other dentistry practices subject
10	to sub. (2), if all of the following conditions are met:
11	(a) The unlicensed individual performs the remediable procedure or dentistry
12	practices in accordance with a treatment plan approved by the dentist.
13	(b) The dentist is on the premises when the unlicensed individual performs the
14	remediable procedures or dentistry practices.
15	(c) The unlicensed individual's performance of the remediable procedures or
16	dentistry practices is subject to inspection inspected by the dentist.
17	SECTION 32. 447.065 (2) of the statutes is repealed and recreated to read:
18	447.065 (2) A dentist may make a delegation under sub. (1) of dentistry
19	practices that are not remediable procedures if all of the following requirements are
20	met:
21	(a) The practice does not involve a practice under s. 447.01 (3) (a), (b), (e), (f),
22	or (g), diagnosis of a dental disease or ailment, determination of any treatment or any

regimen of treatment, prescription or ordering of medication, performance of any

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procedure that involves the intentional cutting of soft or hard tissue of the mouth by
any means, or administration of local anesthesia or subgingival sustained release
chemotherapeutic agents.

- (b) The individual has graduated from an accredited dental assisting program or has worked at least 1,000 hours during the preceding 12 months in a clinical dentistry setting.
- (c) The dentist making the delegation documents in his or her records that the individual has been trained or educated to do the delegated practice by a dental school; dental hygiene program; dental assisting program; a program offered or approved by a national or state dental, dental hygiene, or dental assisting association; or a program approved by the examining board.
- (d) The delegated practices are ones that, in the opinion of the dentist and the individual to whom the practices are delegated, the individual is competent to perform based on his or her education, training, or experience.

NOTE: SECTION 31 modifies the current law regarding delegation of remediable procedures by a dentist to an indicensed individual to reflect that a dentist may delegate additional dentistry practices to an indicensed individual. With regard to those other dentistry practices, the three conditions for delegation in current law must be met as well as the four conditions specified in Section 32.

(15) SECTION \$

SECTION 33. 447.065 (3) of the statutes is amended to read:

447.065 (3) A dentist who delegates to another an unlicensed individual the performance of any practice or remediable procedure is responsible for that individual's performance of that delegated practice or procedure.

Note: This Section amends the current law on dental responsibility for delegation to make it applicable to delegation to unlicensed individuals. A separate provision dealing with dental responsibility for delegation to a dental hygienist is created in Section 29.

SECTION #1. 560.183 (title) of the statutes is amended to read:

560.183/ (title) Physician and dentist loan assistance program.

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Note: Sections 34 to 43 include dentists in the current physician loan assistance program and rename the program to be the physician and dentist loan assistance program. In addition, the bill defines "dental health professional shortage area."

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SECTION 35. 560.183 (1) (ad) of the statutes is created to read:

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560.183 (1) (ad) "Dental health professional shortage area" means an area that

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is designated by the federal department of health and human services under 42 CFR

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part 5, appendix B, as having a shortage of dental professionals.

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SECTION 36. 560,183 (1) (ae) of the statutes is created to read:

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560.183 (1) (ae) "Dentist" means an individual licensed under s. 447.04 (1).

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SECTION 37. 560.183 (2) (a) and (b) of the statutes are amended to read:

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560.183 (2) (a) The department may repay, on behalf of a physician or dentist,

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up to \$50,000 in educational loans obtained by the physician or dentist from a public

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or private lending institution for education in an accredited school of medicine or

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dentistry or for postgraduate medical training.

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(b) A physician or dentist who is a participant in the national health service

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corps scholarship program under 42 USC 254n, or a physician or dentist who was a

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participant in that program and who failed to carry out his or her obligations under

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hat program, is not eligible for loan repayment under this section.

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SECTION 38. 560/183 (3) (a) of the statutes is amended to read:

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physician. In the agreement, the physician shall agree, in which the physician

560.183 (3) (a) The department shall enter into a written agreement with the

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agrees to practice at least 32 clinic hours per week for 3 years in one or more eligible

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practice areas in this state, except that a physician specializing in psychiatry may

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only agree to practice psychiatry in a mental health shortage area and a physician

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in the expanded loan assistance program under sub. (9) may only agree to practice

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at a public or private nonprofit entity in a health professional shortage area. The

physician shall also agree to care for patients who are insured or for whom health benefits are payable under medicare, medical assistance, or any other governmental $\mathbf{2}$ 3 program. SECTION 39. 560.183 (3) (am) of the statutes is created to read: 4 560.183 (3) (am) The department shall enter into a written agreement with the 5 dentist, in which the dentist agrees to practice at least 32/clinic hours per week for 6 3 years in one or more dental health professional shortage areas in this state. The 7 8 dentist shall also agree to care for patients for whom health benefits are payable medican 1 can other gout I program under medical assistance. 9 **SECTION 40.** 560.183 (5) (b) 1., 2., 3., 4. and 5. and (d) of the statutes are 10 11 amended to read: 560.183 (5) (b) 1. The degree to which there is an extremely high need for 12 medical care in the eligible practice area or health professional shortage area in 13 which the a physician desires to practice and the degree to which there is an 14 extremely high need for dental care in the dental health professional shortage area 5 16 in which a dentist desires to practice. 2. The likelihood that a physician will remain in the eligible practice area or 18 health professional shortage area, and that a dentist will remain in the dental health professional shortage area, in which he or she desires to practice after the loan 19 20 repayment period. 3. The per capita income of the eligible practice area or health professional 21 shortage area in which a physician desires to practice and of the dental health 22 professional shortage area in which a dentist desires to practice. 23 24 4. The financial or other support for physician recruitment and retention

provided by individuals, organizations, or local governments in the eligible practice

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area or health professional shortage area in which a physician desires to practice and for dentist recruitment and retention provided by individuals, organizations, or local governments in the dental health professional shortage area in which a dentist desires to practice.

- 5. The geographic distribution of the physicians and dentists who have entered into loan repayment agreements under this section and the geographic distribution of the eligible practice areas or, health professional shortage areas, and dental health professional shortage areas in which the eligible applicants desire to practice.
- (d) An agreement under sub. (3) does not create a right of action against the state on the part of the physician or the, dentist, or lending institution for failure to make the payments specified in the agreement.

SECTION 41. 560.183/(6m) (a) (intro.) of the statutes is amended to read:

560.183 (6m) (a) (intro.) The department shall, by rule, establish penalties to be assessed by the department against physicians or dentists who breach an agreement agreements entered into under sub. (3) (a). The rules shall do all of the following:

SECTION 42. 560.183 (8) (b), (d), (e) and (f) of the statutes are amended to read:

560.183 (8) (b) Advise the department and rural health development council on the identification of eligible practice areas with an extremely high need for medical care and dental health professional shortage areas with an extremely high need for dental care.

- (d) Assist the department to publicize the program under this section to physicians, dentists, and eligible communities.
- (e) Assist physicians and dentists who are interested in applying for the program under this section.

1-	(f) Assist communities in obtaining physicians' and dentists' services through
2	the program under this section.
3	SECTION 43. 560.183 (9) of the statutes is amended to read:
4	560.183 (9) EXPANDED LOAN ASSISTANCE PROGRAM. The department may agree
5	to repay loans as provided under this section on behalf of a physician or dentist under
6	an expanded physician and dentist loan assistance program that is funded through
7	federal funds in addition to state matching funds. To be eligible for loan repayment
8	under the expanded physician and dentist loan assistance program, a physician or
9	dentist must fulfill all of the requirements for loan repayment under this section, as
10	well as all of the following:
11	(a) The physician <u>or dentist</u> must be a U.S. citizen.
12	(b) The physician or dentist may not have a judgment lien against his or her
13	property for a debt to the United States.
14	(c) The physician or dentist must agree to do all of the following:
15	1. Accept If the provider is a physician, accept medicare assignment as
16	payment in full for services or articles provided.
17	2. Use a sliding fee scale or a comparable method of determining payment
18	arrangements for patients who are not eligible for medicare or medical assistance
19	and who are unable to pay the customary fee for the physician's or dentist's services
20	3. Practice at a public or private nonprofit entity in a health professional
21	shortage area, if the provider is a physician, or in a dental health professional
22	shortage area, if the provider is a dentist.
23	SECTION 44. 560.184 (1) (ag) of the statutes is created to read:
24	560.184 (1) (ag) "Dental health professional shortage area" has the meaning
25	given in s. 560.183 (1) (ad).

SECTION 45. 560/184 (1) (aj) of the statutes is created to read:

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447.04 (2).

NOTE: SECTIONS 44 to 50 include dental hygienists in the health care provider loan assistance program by including dental hygienists in the definition of "health care provider."

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SECTION 46. 560.184 (1) (am) and (b) of the statutes are amended to read:

560.184 (1) (aj) "Dental hygienist" means an individual licensed under s.

560.184 (1) (am) "Eligible practice area" means a primary care shortage area, an American Indian reservation, or trust lands of an American Indian tribe, except that with respect to a dental hygienist "eligible practice area" means a dental health professional shortage area.

(b) "Health care provider" means a <u>dental hygienist</u>, physician assistant, nurse-midwife, or nurse practitioner.

SECTION 47. 560.184 (3) (a) of the statutes is amended to read:

560.184 (3) (a) The department shall enter into a written agreement with the health care provider. In the agreement, the health care provider shall agree to practice at least 32 clinic hours per week for 3 years in one or more eligible practice areas in this state, except that a health care provider in the expanded loan assistance program under sub. (2) who is not a dental hygienist may only agree to practice at a public or private nonprofit entity in a health professional shortage area.

SECTION 48. 560.184 (5) (b) 1. of the statutes is arrended to read:

560.184 (5) (b) 1. The degree to which there is an extremely high need for medical care in the eligible practice area or health professional shortage area in which an eligible applicant who is not a dental hygienist desires to practice and the degree to which there is an extremely high need for dental care in the dental health

1	professional shortage area in which an eligible applicant who is a dental hygienist
2	desires to practice
3	SECTION 49. 560.184 (7) (a) of the statutes is amended to read:
4	560.184 (7) (a) Advise the department and council on the identification of
5	communities with an extremely high need for health care, including dental heath
6	care.
7	SECTION 50. 560.184 (8) (c) 1., 2. and 3. of the statutes are amended to read:
8	560.184 (8) (c) 1. Accept If the health care provider is not a dental hygienist,
9	accept medicare assignment as payment in full for services or articles provided.
10	2. Use a sliding fee scale or a comparable method of determining payment
11	arrangements for patients who are not eligible for medicare or medical assistance
12	and who are unable to pay the customary fee for the physician's health care
43	provider's services.
14	3. Practice at a public or private nonprofit entity in a health professional
15	shortage area, if the health care provider is not a dental hygienist, or in a dental
16	health professional shortage area, if the health care provider is a dental hygienist.
1/7	SECTION 51. 560.185 (1) of the statutes is amended to read:
18	560.185 (1) Advise the department on matters related to the physician and
19	dentist loan assistance program under s. 560.183 and the health care provider loan
20	assistance program under s. 560.184.
	Note: This Section modifies the statute that requires the rural health development council to advise the department on matters related to the two loan assistance programs addressed in the bill. This Section modifies the name of the physician loan assistance program to be the physician and dentist loan assistance program.
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Section 52

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The department of health and family services shall prepare a plan for ORALHEALTH DATA COLLECTION SYSTEM; PLAN. development of a comprehensive oral health data collection system. The plan shall

identify data to be collected, sources from which the data can be collected, costs of implementing the system, and any statutory changes that are needed. The department shall submit its plan to the legislature, in the manner provided under

section 13.172 (2) of the statutes, and to the governor by September 1, 2002.

The department of health and family services shall prepare a report on its efforts to reduce the requirement for prior authorization for dental services under medical assistance and to simplify the prior authorization process for dental services. The department shall submit its report to the legislature, in the manner provided under section 13.172 (2) of the statutes, and to the governor by the first day of the 6th month beginning after the effective date of this subsection.

Note: Subsections (1) and (2) of this Section require the department of health and family services to prepare two reports for submission to the governor and the legislature. The first report would be a plan for development of a comprehensive bral health data collection system, which must identify data to be collected, sources from which the data can be collected, costs of implementing the system, and any statutory changes that are needed. The second report would be on the department's efforts to reduce the requirement for prior authorization for dental services under medical assistance and to simplify the prior authorization process for dental services.

The department of health and family services and the department of REPORT

regulation and licensing shall jointly prepare reports on whether the provisions of this act that modify sections 447.06 and 447.065 of the statutes have improved access to dental services and dental hygiene services. The departments shall submit the reports to the legislature, in the manner provided under section 13.172 (2) of the statutes, and to the governor by the first day of the 24th month and the first day of the 48th month beginning after the effective date of this subsection.

Note: Subsection (3) of this SECTION requires the department of health and family services and the department of regulation and licensing jointly to prepare reports on whether the provisions of this act that relate to scope of practice of dental hygiefists and

1. Page 1355, line 4: after that line usent:

delegation by dentists to dental hygienests and unlicensed individuals have improved access to dental services and dental hygiene services.

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The technical college system that offer community dental health education for dentists and dental hygienists. The board shall submit its report to the legislature, in the manner provided under section

13.172 (2) of the statutes, and to the governor by the first day of the 6th month

6 beginning after the effective date of this subsection.

NOTE: Subsection (4) of this SECTION requires the technical college system board to prepare a report on the feasibility and costs of increasing the number of sites in the technical college system that offer community dental health education for dentists and dental hygienists.

SECTION 53 Antiglapplicability

Page 1403, line 5: after that line went:

(1) DENTIST LICENSURE. The treatment of sections 447.04 (1) (a) 1., (b), (c), and

(d) of the statutes first applies to applications for licensure that are received on the

effective date of this subsection. ",

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